

State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 Fax (602) 542-3093
Website: azacuboard.az.gov

**AURICULAR ACUPUNCTURE
CERTIFICATE APPLICATION
A.R.S. § 32-3922**

Scope of certificate

Practice of auricular acupuncture in the State of Arizona.

Term

One year. May be renewed.

Auricular acupuncture means the application of acupuncture needles to the pinna, lobe or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

An auricular acupuncture certificate allows the certificate holder to practice auricular acupuncture only in a substance abuse or chemical dependency program approved by the board, or the federal government and only under the supervision of an Arizona licensed acupuncturist.

REQUIREMENTS FOR CERTIFICATION

1. An applicant shall meet **ALL** the following requirements:
 - a. Successful completion of NADA or a Board approved training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency that meets or exceeds standards of training established by the national acupuncture or a board approved group.
 - b. Successful completion of a Clean Needle Technique Course approved by the Board.
 - c. Submit the required notarized application.
2. Submit a photograph taken within the past year, not less than 2" x 2".
(Sign your name on the light portion of photograph, not across front.)
3. Payment of the application fee and certificate fee in the amount of \$150.00 is due at time of application.

**AURICULAR APPLICATION AND CERTIFICATE
FEE SCHEDULE**

Application fee: (non-refundable)	A.R.S. § 32-3927 (A) (2)	\$75.00
Certificate fee:	A.R.S. § 32-3927 (A) (8)	\$75.00

Application Fee And Certificate Fee Must Be Included With Application

A receipt will be returned to you within 20 days. Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.**

All payments must be on a United States bank draft in United States currency.

ADMINISTRATIVE USE ONLY

Date Received _____ **Amount \$** _____ **Check #** _____ **Receipt #** _____

CLEARLY PRINT OR TYPE ALL INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Other name(s) known by: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Business Address:

Clinic Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Home Address:

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail: _____

Your application is not complete until the Board office has received all verification documents.

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

☐ Yes ☐ No Have you been permitted by law to practice acupuncture in another state, territory, district of the United States or country? List the states, including inactive licenses.

State or Country	License Number	Date Issued	Expiration Date	Limitations on License	Licensure by endorsement examination or other

☐ Yes ☐ No Has any acupuncture licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, ever refused or denied you a license or certificate to practice acupuncture, or revoked, suspended, limited, restricted, or taken any other action regarding your license or certificate to practice acupuncture?

☐ Yes ☐ No Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?

☐ Yes ☐ No Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol.

☐ Yes ☐ No Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of acupuncture?

☐ Yes ☐ No Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation?

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.

NOTICE:

Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

Please answer the following questions.

1. ☐ Yes ☐ No Have you passed a Clean Needle Technique Course?
Course Name: _____
Date Taken: _____
Place Taken: _____
2. ☐ Yes ☐ No Have you completed NADA or a training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency?
Course Name: _____
Date Taken: _____
Place Taken: _____
3. The name and license number of the Arizona licensed acupuncturist that will be your supervisor?
- _____
- Name License Number

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant

Date

Notary Section

IN THIS SPACE ATTACH

PHOTOGRAPH

TAKEN WITHIN THE PAST YEAR